PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  10-621-856														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			1					RAT		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		. 0			X\$ 9	=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		0			X42=			OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+14	)=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOT	AL	375	OR	TOTAL		
CLAIMS AS AMENDED - PART II										ENTITY	OR	OTHER SMALL E	•	
ITA	3-04	(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVI	HEST HEST HIBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENTA	[otal	AMENDMENT	Minus	* 2	0		1	X\$	9=		OŔ	X\$18=,		
EN	Independent	. 1	Minus	***	3			X4:	?=		OR	X84=		
E L	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	T CLAIM		J	+14	0=		OR	+280=		
									OTAL		ОЯ	TOTAL		
(Column 1) (Column 2) (Column 3)														
18		(Column 1) CLAIMS REMAINING AFTER		HIG NUI PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMEN	Total	AMENDMENT	Minus		20		1	X\$	25		OF	X875=		
AENC	Independent	. 2	Minus	ANA.	3	= :		X4	100		OF	200 XQ4=		
P	FIRST PRESI	ENTATION OF M	ULTIPLE DEF	ENDE	NT CLAIM		L		10=		OF	+280=		
									OTAL		OF	TOTAL		
(Column 3) (Column 3)													0.1	
TC		(Column 1) CLAIMS REMAINING AFTER		HK NL PRE	CHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA	7	R/	TE.	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
AMENDMENT	Total	AMENOMENT	Minus	24 .				X	9=		01	R X\$18=		
AEN	Independent		Minus	404		*		X	12=		0	R X84=	•	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL							+1	<del></del> 40=		0	000		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									TOTA	1		TOTA		
_} →	If the "Highest I	Yumber Previously Number Previously umber Previously f	Paid For IN The	dis SPA( or Indep	CE is less if endeni) is th	ian 3, enter "S ne highest nur	nber		the e	appropriate	box in	. ADDIT. PE		
	MOTOATS (Bey	12/02) '0.5	Government Printing	Office: 20	03 - 496-2764	89151		Palent &	M Tra	DELIZIK CINCE	, 0.3.	· · · · · · · · · · · · · · · · · · ·	_,,,,,,,,	

Application or Docket Number